

**Office of the Special Master**

1700 Convention Center Drive, 1<sup>st</sup> Floor  
Miami Beach, Florida 33139  
Telephone: 305.673.7181

For Office Use Only

APPEAL CASE: JA # \_\_\_\_\_

Date/Time Appeal Received: \_\_\_\_\_

## NOTICE OF APPEAL TO SPECIAL MASTER

**INSTRUCTIONS:**

- An appeal of a Notice of Violation must be timely filed. Please note that violations of BTR (Business Tax Receipts) and/or CU (Certificate of Use) are not appealable.
- The appeal must include your name, mailing address, daytime telephone number and a copy of the Notice of Violation (front and back).
- Simultaneously with your written appeal, you must submit a \$100 appeal fee. Checks must be made payable to the City of Miami Beach. If you prevail in your appeal, your appeal fee will be refunded.
- **If the Special Master deems the appeal untimely, the \$100 appeal fee may not be returned.**
- If you wish to utilize this Notice of Appeal form, answer all questions as completely as possible.
- You may attach an explanatory letter and/or documents that you think will help the Special Master evaluate your appeal.
- Return your written appeal and/or this Notice of Appeal form to the Office of the Special Master, 1700 Convention Center Drive, 1<sup>st</sup> Floor, Miami Beach, FL 33139.
- Keep copies of all documents you submit to the Clerk of the Special Master for your records.

NOTICE OF VIOLATION NUMBER: \_\_\_\_\_

**APPELLANT/VIOLATOR:**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS OF VIOLATION: \_\_\_\_\_

I, the Appellant named above, wish to appeal the above-referenced Notice of Violation.

\_\_\_\_\_  
Appellant's Signature Date

\_\_\_\_\_  
Appellant's Printed Name

**Additional Information To Be Provided If Represented By An Attorney:**

ATTORNEY NAME: \_\_\_\_\_ FLORIDA BAR NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\_\_\_\_\_  
Attorney's Signature Date

**Notice to Appellant/Attorney:** The Special Master Clerk will send a Notice of Hearing to the mailing address of the Appellant or, if represented by an attorney, to the attorney indicated on this form.

**CLERK OF THE SPECIAL MASTER USE ONLY**

Payment Method: ☐ Check ☐ Cash ☐ Credit Card

Timely Appealed: ☐ Yes ☐ No

Processed by: \_\_\_\_\_  
F:\CLERK\SALL\SPECIAL MASTER\SM APPEAL FORM\SM Appeal form Revision FINAL 08012014.docx

Copy of Violation Attached (front and back) ☐ Yes ☐ No

MCR No.: \_\_\_\_\_

Date: \_\_\_\_\_